

of brass. One of these is about three inches in length, and terminated at one end by a square flat piece, to be screwed into the wood work; the other piece of brass has a similar termination at one extremity, to be screwed on the wood, the rest is circular, and has a bend at right angles, at three inches from the extremity last described; from this bend the brass is continued about eight inches, and is of a size corresponding with the ring in the portion first described. Into this it fits, and by sliding to and fro the aperture is augmented, or contracted, as required, and it is secured in its situation by screwing in the first piece of brass. This mode of adjusting and fastening is similar to that of the ring of a retort-stand on its support.

The splint thus constructed, fulfils every purpose for which it was designed, not theoretically alone, but practically, for its complete strength has been proved in the cases to which it has been applied during the last year, in the wards of the hospital attended by Mr. Lawrence. Its adaptation, as an interrupted splint, to every part of the leg, has been tested, and it can also be used as a simple splint when required.—*Lancet*, Jan. 25, 1840.

32. *Hydrocele of the Neck.*—Those encysted tumours of the neck which have been sometimes designated hydrocele of the neck, although mentioned in the writings of some of the older authors, had attracted little notice, until M. Maunoir of Geneva published, in 1825, his work entitled “*Mémoires sur les Amputations, l’Hydrocele du Cou, et l’Organisation de l’Iris.*” M. Delpech subsequently narrated, in his *Clinique Chirurgicale*, two cases which he had successfully treated by operation. Messrs. Lawrence, O’Bierne, Heidenreich, Beck, &c. have since published the reports of a few additional instances of this rather rare disease, and have thus contributed to enlarge our knowledge of its true characters.

According to the researches of M.M. FLEURY and MARCHESSAUX, in the August Number of the *Archives Générales de Médecine*, there are two sorts of these tumours, which may be distinguished from each other by the difference in their anatomical characters.

The *first* are those which are developed in the actual tissue or substance of the thyroid gland. They are sometimes superficial, at other times deep-seated: they correspond to the cellular or thyroidean serous goitre of Beck and Heidenreich, to the hydrocele of the neck of Maunoir, the hydro-bronchocele of Percy, and the encysted goitre of other writers.

The *second* are developed in the common cellular tissue of the neck, at a greater or less distance from the thyroid gland, and, according to some authors, in the cellular texture of this gland itself. These have been denominated by O’Bierne hydrocele of the neck, cystic tumours by Boyer and Dupuytren, fibro-serous cysts by Delpech, and hygroma cellularis by several German surgeons.

MM. Fleury and Marchessaux have given a very minute description of the anatomical peculiarities of these two sorts of tumours. Those which more properly appertain to the thyroid gland, had already been ably treated of by MM. Andral and Beck.

The other kind, or such as are developed in the cellular tissue, are genuine encysted swellings; the cysts of which are formed by the progressive development of a fibrous tissue, which, as Bichat first demonstrated, exhibits many of the characters of serous membranes. The skin over them does not usually undergo any change, except perhaps when it adheres very firmly to the subjacent cyst; and then it becomes so very thin, from the absorption of all the fatty matter, that the minute blood vessels can often be seen through it. At other times, the cyst is connected with the surrounding parts only by very loose cellular-tissue, so that it remains very moveable. The parietes of the cyst are usually firm, little or not at all elastic, and thickened. The thickness is sometimes remarkable: in one case the anterior wall of a cyst was found to be nearly an inch in thickness. Not unfrequently within their cavity are found laminæ of a cartilaginous and even of an osseous formation.

These characters are always the more decided in proportion to the length of time that the swelling has existed. The internal surface of the cyst, when its

aspect is not completely modified by the transformation which it has undergone, exhibits a white, reticulated appearance, not unlike to the inner surface of the ventricles of the heart, or of the urinary bladder in certain cases. This surface is coated throughout with a pseudo-serous membrane, which invests all the ridges and furrows, and which some anatomists have described under the name of internal lamina of the cyst. Its thickness, colour and consistency vary much in different cases: in some it is smooth and of white colour, while in other cases it is more or less red, and resembles a softened mucous membrane. Occasionally pieces of this lamina become detached, and, floating about in the fluid of the sac, have been mistaken for hydatids.

The encysted tumours of the neck have been met with in both sexes, and at almost every period of life: sometimes they are congenital. Their growth is usually very slow; and in most cases no cause can be assigned for their appearance. Occasionally they have been observed to enlarge rapidly after a catarrh, and also after an accouchement.

If allowed to attain a large size, they impede the respiration, and even the deglutition, as well as the circulation in the neck and head.

The fluctuation of their contents is generally more easily perceptible in the earlier stage of the disease—provided the tumour be sufficiently prominent—than when it is more advanced, in consequence of the parietes of the cyst gradually becoming thicker and more resisting. Hence mistakes in diagnosis have occasionally been made by the most experienced surgeons, and cases of hydrobronchocèle have been considered as examples of goitre, or some other solid growth. We may also mention that the tumour may sometimes be mistaken for an aneurism of the carotid artery, in consequence of its communicating the pulsations of this vessel; but a careful examination of the case will generally enable the surgeon to discover that the swelling experiences a lifting up or rising *en masse*, and not those movements of alternate expansion and retrocession, which are characteristic of a genuine anuerism.

With respect to the different methods of treating hydrocele of the neck, authors very generally agree in regarding *puncture* as a mere palliative means, and as one moreover not always free from inconveniences; and they condemn *injection* of the sac, as uncertain in some cases and highly dangerous in others. The use of a *seton* or something analogous, as a canula, tent, &c. appears to be the practice most extensively approved of.

In one of the cases, which occurred to Dupuytren, the sac refilled to its former size within a short time, although a seton had been in it all along; a canula of elastic gum was therefore introduced and left in the lower opening, so as to permit a ready escape to the contents of the sac, and at the same time to allow the occasional injection of emollient and deterotive washes.

MM. Fleury and Marchessaux also record a case, in which the same method was adopted with success, after various other means had been ineffectually tried.

In a case, which occurred in a girl 17 years of age, M. Jobert punctured the tumour three times successively, the fluid having re-accumulated quickly after each operation. After the third puncturing, some alcoholised water was injected into the sac, and then a seton was introduced for the purpose of keeping the wound open. At the end of a week, suppuration was but imperfectly established, and there was only a slight serous oozing, when the seton was removed. An elastic-gum canula was therefore substituted for the seton: this was kept in the opening, and gently stimulating injections were repeatedly passed through it. After the lapse of two months, the swelling, which had been of an immense size, was not bigger than an egg; and four months later, all that remained was a small kernel or lump, which was entirely indolent.

M. Flaubert, of Rouen, has published a case which he successfully treated by *incision*—a method which has succeeded in the hands also of MM. Delpach, Morelot, Lemaire, and which an Italian surgeon has in one case combined with the use of the seton.—(*Annali Universali*, Feb. 1833.)

*Excision* has been repeatedly adopted with complete success. In three cases Beck, after having laid open the tumour by an incision, excised a portion of the

cyst, which was not connected with the thyroid gland. This method hastens the process of suppuration, and does not seem to be attended with any inconveniences, when precaution is taken to avoid wounding the substance of the thyroid gland.

The *extirpation* of the entire sac may be adopted with advantage, when the cyst is small, superficially seated, and not firmly adherent to the thyroid gland, or to any other of the neighbouring important parts.

M. Jobert practised it with success in the case of a woman, 30 years of age, in whom the tumour was of the size of a hen's egg, and was smooth, hard, and so resisting that it communicated no feeling of fluctuation; the wound healed up by the first intention, the twisted suture having been employed to retain its lips together. But we must refer our readers, who may wish to make themselves acquainted with the particulars of the various cases on record, to the original paper of MM. Fleury and Marchessaux, and will now extract only the following conclusions, which they have deduced from their inquiries.

1. The encysted tumours of the neck may be arranged, according to their anatomical position and relations, in two classes—one comprising such as are developed in the substance of the thyroid gland, and the other, all those which are developed in the cellular tissue of some portion of the neck.

2. The *first* set seems to be attributable to the hypertrophy of one or more of the cells of the thyroid gland, and, if so, cannot be regarded as encysted tumours, in the strict sense of the phrase; whereas in the *second* set, the sac of the tumour is a genuine cyst of a sero-mucous nature.—(*Delpach.*)

3. This distinction is important both in a diagnostic and in a therapeutic point of view.

4. The tumours of the first class may be readily mistaken for genuine goitre; and those of the second for chronic abscesses, lymphatic swellings, or aneurismal swellings.

5. Encysted tumours of the neck, whatever be their nature, should never be left to Nature; they always require surgical assistance for their dispersion.

6. Among the various methods of treatment, which have at different times been proposed, that of nearly puncturing, and that of injecting the sac, appear to be the least trustworthy and advisable. The employment of a seton, after a free incision has been made, has been found useful in tumours of the first class, by inducing and keeping up a long and abundant suppuration, and thereby causing a melting down of the hypertrophied and swollen tissues; also in all cases where the cyst was multilocular, by giving a free discharge to the contents, and preventing an accumulation in any of the cells. On the whole, it may be laid down as a therapeutic principle, that the incision of the swelling and the subsequent employment of some means to establish suppuration in the cyst, seem to be the best method of treating almost every encysted tumour of the neck, whatever be its origin or seat.

The complete extirpation of the sac may be recommended when this is not very large nor closely adherent to the surrounding parts.—*Med. Chirurg. Rev.* and *Archives Générales de Méd.*, Aug. 1839.

33. *Application to Blistered Surfaces.*—Sir BENJAMIN BRODIE employs the following preparation as an application to blistered surfaces when they become irritable and painful; R. Creta pp. Ol. Oliv.  $\frac{1}{2}$  v; Aq. Ros.  $\frac{3}{4}$  ij. *Lancet.*

\* 34. *Dislocations of the Humerus and Fractures of the Head and Neck of that Bone.* The last number of Guy's Hospital Reports contains an essay of Sir ASTLEY COOPER, upon dislocations of the os-humeri and on fractures of the head and neck of that bone, which, as being of a practical character, and emanating from one who at the same time that he is the acknowledged head of European surgeons, has devoted himself in a particular manner to the study of luxations, and fractures about the joints, is entitled to especial attention. Since the publication of his last work on luxations of the shoulder, several cases of dislocations on the dorsum scapulæ have come to the knowledge of Sir Astley, as also an example of